THE

# MEDICAL AND SURGICAL REPORTER.

No. 1037.] PHILADELPHIA, JAN. 13, 1877. [Vol. XXXVI.—No. 2.

## Original Department.

### Lecture.

### PARALYSIS AND INCOÖRDINATION FROM CONGENITAL PHIMOSIS—CASES SIMULATING HIP DISEASE—AN EXSECTION—A TILT WITH THE CRITICS AT HOME AND ABROAD.

A CLINICAL LECTURE.

BY PROFESSOR LEWIS A. SAYRE,
At Bellevue Hospital, Dec. 13th, 1876.

REPORTED BY NELSON W. CADY, *Student.*

**Congenital Phimosis.**

Case 1.—P. B., aged four, male. This first case is a little child sent to me by Dr. Hoffman, from Mamaroneck, Westchester county; he is four years old. He has never stood or talked, and has swallowed with great difficulty. His face is idiotic in expression; there are constant convulsive movements of both upper and lower extremities; the limbs are crossed, and the feet rigidly extended; and this has been his condition since birth. The doctor wrote me a note, stating that after reading the report of my lecture in the Philadelphia Medical and Surgical Reporter, of October 14th, 1876, describing some cases of paralysis and incoördination of the muscles from congenital phimosis, it brought to his mind this child, whom he had attended since birth, but having considered it a hopeless idiot, had abandoned it; that after reading the lecture he went and examined this case, and thought it answered the description of the cases described, and therefore sent it down to me for confirmation. You thus see, gentlemen, the advantage of medical gentlemen reading medical journals, by which means they keep themselves abreast of the wave of improvement. When I graduated I asked the advice of one of the distinguished surgeons of the New York Hospital, as to what medical journal I should subscribe for, as I wished to keep myself up with the improvements of the profession, and he advised me to take none; my text books were all that I required, and my own individual experience and practice would give me all the new information that was requisite. Fortunately, gentlemen, I did not follow that advice, and you see here a practical illustration of the advantage of reading medical journals; for in that way Dr. Hoffman has been enabled to understand a case which before he had considered as incurable.

You see this little boy; he is very stout and well-built, but unable to stand, even when we hold him. His legs are crossed, and he stands upon his toes; the instant support is removed from him he falls on his side, his left leg crossed tightly over his right. His limbs are rigid, and his mother states that this is his habitual position. It is impossible to abduct his limbs or flex his feet. The tendones-Achillis are as rigid as in the very worst cases of talipes equinus; but you will observe that they yield no reflex spasm upon point pressure after tension. Rolling him on his back, you will observe this penis, enormous in size for the age of the child, and erect as a stick. The glans is covered completely by this prepuce; and watch—the instant that I touch the orifice, the convulsive movement, and the instantaneous slapping of his face with his left hand. We repeat this

experiment, and you see the convulsive movement of his hand, striking his face simultaneously with my touch upon the end of the penis. I have tried this experiment several times at the office, to-day, and obtained the same result every time.

I here show you a photograph attempted to be taken of the child, but it was so difficult to keep him still a sufficient length of time to take a natural picture, that no picture will represent accurately the patient as you see him before you.

[The Professor then circumcised the child, cutting off a circular piece of integument, and found the internal mucous membrane totally adherent to the prepuce, which was dissected up and turned back from its attachment to nearly the entire glans. Behind the corona was a round, hardened smegma, producing an erosion of the mucous membrane. The parts were dressed with styptic cotton and rags wet in cold water. Before the lecture was over the boy called for his mother, and put out his hand, naturally, to take her by the hand; the first time, she states, he had ever done so in his life.]

**Psoitis.**

I wish, now, to show you some very interesting cases which simulate hip-joint disease, inasmuch as several such cases are here, and the subject is far too important to be overlooked. I regret very much that I was unable to give you my lecture on the diagnosis of diseased hip joint, last Saturday, as you would have been enabled to understand it better; and, therefore, these cases will hardly be appreciated by you as they should be. They are all cases which have been sent to me as cases of diseased hip-joint, and yet not one of them has that disease. Here is the first case, this little boy.

Case 2.—F. C., aged six years. Here is a little boy sent to me yesterday for disease of the hip joint. You know I told you always to strip them naked and stand them on the table with the back toward you.

The first thing you will observe in the earlier stages of the disease of the hip will be that they stand with their entire weight on one limb; the gluteo-femoral crease will be obliterated, or at least lower down on the diseased side than on the other; the leg will be bent at the hip and knee, so as to have no weight upon it. These are the evidences you will see by your eye when you look for the first stage of hip disease That little fellow shows it very plainly. Do not be deceived by that. You have got to have further evidence before making a diagnosis. So far the symptoms and signs are such as may be due to some other cause besides hip disease. I have no doubt but that some person, having heard me mention this sign as a very particular mark of the early stage of hip disease, has taken this case as one of the same character.

Now it requires another examination to ascertain whether it is hip disease. Lay the patient on his back, on a hard table, and flex the thighs until the entire spine touches the table; then twist his pelvis one way and the other, till you get a line from the centre of the pubes to the sternum, crossed at a right angle by a line drawn from one anterior spinous process of the ilium to the other. Then the trunk and pelvis are in normal relation to each other; and if there is nothing wrong about the hip joint, the limbs can be brought down so as to have the popliteal space of each leg touch the table without tilting the pelvis. If there is anything wrong about the joint, the popliteal space of the affected limb will not touch, and the attempt to make it do so will cause the pelvis to tip up, by the contraction of the psoas magnus and iliacus internus muscles. I bring the leg down; as you see, it touches along its whole length; but when I attempt to bring the other limb down you see it requires some force, and as I do so, his ilium is carried upward. Reflex action of the muscles caused by the disease within the joint will produce exactly the same symptoms, therefore he has so far the symptoms of hip disease. He has the limb apparently elongated, the bending of the thigh, and the flexion of the thigh upon the body with inability to extend it. These, so far, all point to hip disease.

But they may individually depend on some other cause. If it be hip disease, you will find, before the disease has advanced to this stage, atrophy of the limb. This boy's limb, instead of being atrophied, is larger. That goes against hip disease. Let us find out whether it be hip disease truly, or not. If it be disease of the hip-joint the adductor muscles would be rigid. Here they are soft, and I can adduct and abduct his limb. If I limit my examinations to the hip joint *alone*, I find that the limb moves freely, and I can invert his toe. Were there disease in that hip, with effusion

such a movement would all but murder him. If there were effusion in the joint, with this amount of distortion, no power on earth could invert that toe without rupturing the capsule and allowing the effusion to escape. I shall call your attention more particularly to this point in another lecture. To-day, however, we will confine our attention to the particular case before us. If there were disease in the joint, I should cause him pain when I crowd the joint together, but you see it gives him no pain; and if I extended it, I should give him relief if the disease was within the joint, but it causes him pain. I crowd my thumb down in the iliac fossa on the well side, and find nothing out of the way, neither do I cause him pain. On the opposite side, when I undertake to crowd my thumb down into the iliac fossa, I am resisted by a swelling, and the touch produces a spasm. This case is one of psoitis, which has no more to do with his hip joint than it has with mine. That boy's hip, gentlemen, so far as the joint is concerned, is perfectly normal; the deformity and distortion are altogether owing to muscular contraction from an inflamed muscle, and not from a reflex contraction of the muscle due to the disease of the joint proper. The only thing that remains to do for the little fellow, is to give his limb rest in a flexed position, to approach the origin and insertion of the muscle, and to apply some iodine ointment with a fomentation to the part.

**Exsection of Hip.**

Case 4.—Here is a little child that has come from California, having had hip disease for two years. He was brought to me a few weeks ago with an enormous abscess, great distortion, and suffering intense agony. This long extension splint was applied, which gave him perfect relief, and there were hopes of his recovery without the necessity of a surgical operation, but the discharge is so copious, and the child is running down to such an extent that it becomes necessary to remove the dead bone. We shall therefore proceed to make the exsection.

[The operation was performed in the usual manner; the incision extending in a backward curve from a point midway between the anterior superior spine of the ilium and the trochanter major, over the trochanter major. The periosteum was divided down to the bone, and thrown back, with an elevator, from all the diseased surfaces, and the diseased bone removed from just above the trochanter minor. The head of the femur had been absorbed, and there existed an opening into the acetabulum.

The child was afterward placed in a wire cuirass, and secured by roller bandages, beyond any danger of accident. The wound was then filled with Peruvian balsam and oakum, and the child was sent to its home on Madison street.]

I have been censured in my plan of treatment by some Englishman, by the name of Hugh Owens Thomas, of Liverpool, in a book called "Hip, Knee, and Ankle." He condemns the whole American plan of treatment, which consists essentially in extension and counter-extension.

Now, Mr. Thomas, of Liverpool, publishes this book in 1876, and puts in the statement that since my visit to England, four years ago, he has seen several instances in which my apparatus was skillfully applied, and that, from personal experience, he is satisfied that in not one of these cases was the disease arrested or even benefited. And he further adds: "The best commentary upon this method is the remarkable frequency with which its principal advocate has had to perform excision of the joint."

Even when I was in England, my method was not understood, as may be seen by a letter of mine which appeared in the London *Lancet*, in 1871, after some distinguished English physicians had used my splint for a number of years, in a reversed position, without success. Mr. Hugh Owens Thomas does not seem to have read that letter, or he would have discovered why he, in his personal experience, had not been successful. It is simply because he has not learned to apply the instrument.

You have seen before you so many hundreds of cases where relief has followed the application of the proper extension—and where they have recovered the perfect use of their joints without deformity, and where relief was obtained when the disease was treated in the first stage, and some even in the second stage, as in the case of the boy whose hip was aspirated four times—not to know that this statement of Mr. Thomas cannot be true. The boy to whom I refer has, as you have seen, recovered with perfect motion and no deformity.

In reply, therefore, to that portion of Mr. Thomas' statements, in which he says, "The

best commentary upon this method is the remarkable frequency with which its principal advocate has had to perform excision of the joint," I would state, that in all the cases in which I have performed the operation, they have come to me for my advice in the third stage of the disease, most of them being in *articulo mortis* at the time they were placed under my charge, many of them having been given up as hopelessly incurable, and where, therefore, consent was given to have the operation performed, because death was inevitable without it; and that in none of these cases had the proper treatment been applied. And I will add further, that out of the hundreds—I might almost say thousands, certainly hundreds—of cases where that treatment has been efficiently applied in the first and second stages of the disease, or before caries of the bone has occurred, in not one case has exsection of the bone ever been required.

Mr. Lister, the English surgeon, whom you have seen, has written a letter to Mr. Reynders, of this city, requesting him to have made a series of models of the most approved instruments, for use in Edinburgh. Here are the instruments which Mr. Reynders has sent to me to look over. I look upon this as a compliment to American mechanical ingenuity, or at least, to Mr. Reynders.

Mr. Lister has adopted completely, fully, and entirely, without any alteration, this method of treatment, and has even gone so far as to send to my instrument maker, in order to have the instruments so perfectly made that they can be relied upon.

So much, therefore, for the censure passed on the American plan of treatment. An Englishman who has never seen me apply the proper treatment to one of these cases may possibly be excused; he may misunderstand my plan of treatment; for there are men, even in this very city, who cannot comprehend or will not understand my explanation of its pathology. It has even been stated, publicly, that I teach the doctrine that constitutional strumous disease is a protection against hip-disease, Pott's disease, or any other chronic inflammation of the joints. Now, gentlemen, you know perfectly well, that any man who will make so absurd a statement as that, is totally ignorant of what I do teach, or else willfully malicious, and intent on disseminating false statements.

[Prof. Sayre here read his correspondence with Dr. Ashhurst, of Philadelphia, as it appeared in the MEDICAL AND SURGICAL REPORTER for May 13th and 20th, 1876.]

He concluded:—You see, gentlemen, how difficult it is for the truth to be presented properly. I trust that you will pardon me for making this explanation of my peculiar views.

## COMMUNICATIONS.

### A CONTAGIUM VIVUM AS THE PROPAGATING PRINCIPLE OF INFECTIOUS EPIDEMICS.

BY PROFESSOR J. R. BLACK, M. D.,
Of Newark, Ohio.

The old doctrine of Sydenham, that epidemic diseases were produced by an epidemic constitution of the atmosphere, is very much like that maintained by many modern agriculturists of to-day, that the propagation of the potato fungus depends upon certain atmospheric conditions, about the nature of which few of them agree. Both have the elements of plausibility and incertitude—difficult to prove and difficult to refute. Happily it appears as if the dawn of a more exact knowledge in reference to epidemics is already upon us, which it is hoped will, in time, end some of our ignorant groping, and enable us to take a more rational view of certain morbid phenomena, as well as to prevent what we are too often powerless to cure.

The evidence upon which the theory is based that infectious epidemics are propagated through a contagium vivum are:—

1. *That the infecting principle is capable of indefinite multiplication.* This is a property common only to all kinds of life, and is, moreover, displayed in a higher degree by the lower than the higher forms. An atom of oxygen, of salicin, or of any inorganic substance, has no intrinsic power of multiplying itself a single nor a hundred fold. Only matter endowed with life has the property of transforming other substances into certain uniform forms, types and compounds, beside those of indefinite increase and continuity.

The hypothesis that epidemic diseases depend upon living contagia, harmonizes with all the conditions appertaining to the propagation of vitality in the higher orders of organic life.

Not all the germs or spores fall upon an appropriate soil; each are largely dependent upon appropriate conditions for rapid germination, growth, and multiplication. As the forms of vegetative life thrive with peculiar luxuriance in soils abounding in organic remains, so do the germs or spores of infections manifest unusual activity and power of multiplication among the inhabitants of the filthy purlieus of a city.

2. *The mode by which the various infections extend, fully supports the doctrine that they depend upon a living principle, not a dead miasm, or a peculiar atmospheric condition.* The germs or spores of some forms of vegetation, and low forms of animal life, are so light and volatile, that they may be transported for miles by atmospheric currents. While other seeds, such as the nut, are so heavy that their transportation to a distance never occurs, except by more uncommon artificial means. Now, the germs of cholera and small-pox appear to belong to the heavier order of infections. There is not a single well authenticated instance where the germs of these diseases have been transported to a distance by atmospheric means—they always follow the usual routes of travel—spanning distances slowly or quickly, according to the rapidity or slowness of personal intercommunication. They may be transported as fomites for hundreds of miles, and such a limited amount of infection may then increase and multiply, in a densely populated region, *ad infinitum*. Others, like diphtheria, scarlet and typhoid fevers, appear to be of a more volatile nature.

That the media of diffusion, the diffusibility and the period of latency or incubation for the various kinds of vitalized contagia should differ one from the other, is wholly in keeping with the fact that all normal forms of life are subject to the same variable conditions. Indeed, had the fact been otherwise, in the instance of the supposed vitalized contagia which prey upon our bodies, it would, at least, have furnished presumptive evidence that they lacked some of the most striking characteristics pertaining to the organic world.

3. *Another evidence that the various contagia possess life, consists in the fact that they always reproduce and multiply strictly after their kind.* The action of cold may produce rheumatism, or pleurisy, or a simple catarrh, but the action of the scarlatina infection never produces measles, nor that of small-pox the diphtheritic fever.

4. *The morbid phenomena produced by the action of a contagium vivum is self-limited.* This striking peculiarity is perfectly explicable, on the theory that some kind of bacteria or micrococci are preying upon the life and organization of the body. The torula and mycoderms, which are the ferments of fermentation, and the vibrios of putrefaction, all produce their specific changes, *cæteris paribus*, within a definite time, after which they die and their influence wholly ceases. It is quite easy to understand that the same peculiarity appertains to the action of bacteria and micrococci upon the human body; each according to its kind in time and peculiarity of effects but with this difference—one mainly of degree—they are sometimes too numerous or potent for the life of the body; in other instances the *vis vitæ* survives all their predatory influences.

To close this summary presentation of the doctrine of a contagium vivum as the essential cause of infectious epidemics, without calling attention to the remarkable researches of Dr. Burdon-Sanderson, Davaine, and especially Koch, on splenic fever, would be an unpardonable omission. This infectious fever, which has proved exceedingly destructive to animal and human life, especially in Russia, was investigated microscopically by Burdon-Sanderson, who ascertained that there were two kinds of contagia, one fugitive, by which he could temporarily propagate the fever, the other latent, but permanent and invisible. Koch supplemented these investigations by experimenting with the rod-like contagium observed by Burdon-Sanderson. He placed the tiniest speck of these rods within the aqueous humor, and carefully watched the results. They speedily changed their form, and after a time he observed little dots appearing, which rapidly spread until the length of the organism was studded by them; after which the organism fell to pieces and its place was taken up by long rows of seeds or spores. This experiment of Koch's was repeated and verified by Cohn. Koch inoculated healthy animals with the blood of those having splenic fever, and they invariably died of the disease within thirty hours after inoculation. He then sought to know how the contagium maintained its vitality. Dried blood having the rod-like bodies, always observed in splenic fever, possessed only a fugitive infecting power, but the fully developed spores or dust which he cultivated in the aqueous humor—

though wetted, and dried again and again, permitted to remain in the midst of putrefying matter, and kept as long as four years—yet retained all its original activity in the production of this peculiar fever when injected into the body of a healthy animal.

Here we have the proof, experimentally demonstrated, of a contagium vivum as the essential cause of an infectious epidemic, and more than all, how the dust or spores of this contagion, in which the atmosphere may abound, has been produced and put in a shape for indefinite perpetuation.

The practical importance of these deductions can scarcely be overrated. They will do much to clear up the indications of treatment, and to furnish the sanitarian with an intelligent appreciation of the nature and habits of some of the worst enemies to health and life which he wishes to subdue. We have only to study more carefully the circumstances and peculiar conditions which favor the increase and spread of the various contagious spores, in order to hamper their production, restrict their diffusion, and timeously apply the agents best fitted to accomplish their destruction. In short, when we know all the habits of those predatory kinds of life, our ability to control and exterminate them may be fairly said to be within our grasp.

The effect of a general recognizance of this doctrine, if true (the evidence in its favor appearing overwhelming), cannot be other than salutary. The physician will be led to abandon, more than ever, all mischievous interference with diseases which, as a rule, must run a definite course; especially avoiding any attempt at their abridgment, well knowing that he would be much more likely to abridge the life of the body than that of the contagium which has its temporary habitat therein. He would be strongly inclined, in all his endeavors, simply to see that the life of the body had a fair chance in its struggle with its enemy. *First*, By gently clearing away all accumulations of effete matter upon which low organisms revel, but which cumber the free play and sanitary action of the force he wishes to preserve. *Second*, By placing the body under the most favorable hygienic conditions, and *Third*, By supporting the waning strength by all the adjuvants which enlarged and cultured experience has shown to be most successful for such a purpose.

## SULPHO-CARBOLATE OF SODIUM IN DIPHTHERIA.

BY W. E. ANTHONY, M. D.,

Of Providence, R. I.

The object of this paper is not to give the clinical history of diphtheria, but to call attention to a remedy which, in the hands of those who have had experience in its use, has proved of great benefit in the treatment of this disease. I refer to the sulpho-carbolate of sodium. My attention was first called to it by a paper, read before the Rhode Island Medical Society, by Dr. C. H. Fisher, in 1875, in which he detailed his experience in its use and the formula for its preparation. I have notes of eighteen cases of true diphtheria, occurring within the past three months, in which I have used the remedy with satisfactory results in all but one case. The fatal case occurred December 11th, and was a delicate child three years of age, the disease proving rapidly fatal in thirty-six hours from the time of invasion. While I do not consider the sulpho-carbolate a specific in this disease, I do think that its judicious and persistent use will in many cases be followed by an amelioration of its symptoms.

Just what its mode of action is I am not fully prepared to say. It is possible that it acts as an antidote and eliminative to the peculiar blood poison which is the cause of the disease. It is a stable salt, parting with its acid only when brought in contact with the fluids of the body. In one case, where a large quantity had been used for several days, the odor of carbolic acid was plainly perceptible in the urine. The remedy may be used in every form and stage of the disease, in doses of from one to ten grains, repeated every one, two, three, or four hours, according to the necessities of the case. The proportion of acid in the salt is about one-fourth, which will determine the dose.

I have given as high as one hundred and twenty grains in twenty four hours, to a child seven years old. It may be combined with quinia sulph., tinct. ferri mur., carb. ammonia, or given in brandy, whisky, wine, syrup, or any aromatic water.

A very good way to dispense it to children is to mix it with sugar and let them eat it. For adults I sometimes use the "cachet de pain." My rule is to begin the administration of the remedy as soon as the disease is recognized, and to continue it in increasing doses until its

effects upon the disease is manifest, then gradually to diminish the dose and increase the intervals between the doses.

In addition to the use of the sulpho carbolate, I always use tonics and stimulants freely, and nourishment in a concentrated form, such as beef extract, cream, etc.

The local treatment is directed to the removal of the false membrane and the subduction of the local inflammation. This result is obtained, first, by hastening the natural process of exfoliation; second, by the use of such remedies as will destroy the micrococci and dissolve the pseudo membrane.

The exfoliation of the membrane is caused by a process of suppuration which commences beneath the deposit on the surface of the mucous membrane, and whatever will hasten that process is indicated; and here let me protest against the use of cold applications, either by means of cold lotions, or by ice applied externally or given internally. Suppuration is greatly retarded, if not wholly prevented thereby, and as it is hastened by the use of heat and moisture, such means should be used as will produce it. This is most effectively applied by means of a steam atomizer, or, when that cannot be procured, by the inhalation of steam from a coffee pot partly filled with hot water, and inhaled through the spout, or conducted by means of a rubber tube to the mouth of the patient. The inhalations should be given as often as once or twice an hour, and continued from ten to fifteen minutes at a time.

While we endeavor to hasten the natural process of suppuration, we may combine with our inhalation such remedies as will act chemically upon the membrane and dissolve it, or hasten its disintegration and destroy the micrococci. Experiment has shown that a piece of membrane weighing five grains, immersed in four drachms of aqua calcis, was completely dissolved in thirty minutes, while in various other solutions it retains its continuity. Lime water, therefore, as an inhalant, is to be preferred to anything else. The micrococci are not so easily destroyed. Placed in test tubes, in solutions of chlorate potassium, of sulphate of quinia, or of alum, they not only retain their mobility, but increase in numbers. They retain their action when heated to the boiling point, or when frozen and then thawed.

Immersed in mixtures of alcohol one part, water three parts, of permanganate of potassium two grains to the ounce, of carbolic acid three grains to the ounce, they lose their vitality and power of multiplying. These solutions, when used medicinally, must be as gargles or washes to the throat. They can seldom be used as inhalants, on account of the irritation to the lungs, caused by such concentrated solutions. In the case of small children they are best applied by means of a syringe. Emetics are sometimes useful for their mechanical effects in the removal of the membrane.

The detachment of the membrane forcibly, by means of the forceps, is not advisable, except in exceptional cases, where there is danger of suffocation from the large amount of membrane deposited.

Finally, strict attention should be paid to the hygienic condition of the surroundings of the patient. It is better that the patient be removed to another room every day, while his apartment is thoroughly aired and disinfected. This can easily be done with children, who form by far the greater proportion of cases. This is important as a means of prophylaxis, the disease being contagious in proportion to the severity of the case from whence it comes, and the neglect to renew the air of the sick room, which soon becomes impregnated with the emanations from the breath of the patient. The dejections should be removed as soon as voided, and no more personal contact had with the patient than is actually necessary.

But in spite of all treatment deaths will occur. Death may be by asphyxia, caused by the large amount of membranous deposit. By apnœa, when the lungs are involved. By coma, from uræmic poisoning, and in the adult there is a peculiar mode of dying that sometimes occurs. The patient will seem to be improving, when, without apparent cause, he will suddenly sink away so quickly and easily, that the attendants may suppose that he has only gone to sleep.

### The Employment of Picric Acid in the Treatment of Wounds.

M. Eugène Curie recommended picric acid in a watery solution, with which the dressings are saturated, or, better still, picrated wadding, that is to say, pieces of dry wadding in which picric acid has been incorporated; the last method is generally the most convenient in application. This method, according to the author, affords the advantage of completely suppressing suppuration.

# Hospital Reports.

## PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR J. M. DA COSTA, DECEMBER 16TH, 1876.

REPORTED BY FRANK WOODBURY, M. D.

### Hematemesis Followed by Hemoptysis—Diagnosis and Treatment of Acute Pulmonary Hemorrhage.

GENTLEMEN:—The case before you presents peculiar points of interest, not only in view of the treatment, but also in the matter of diagnosis. He is twenty-five years of age, a native of Chili, and by occupation a sailor. About a month before admission, while furling sail in a storm, he received a violent blow in the small of the back and epigastrium, by being caught in the rigging, while a spar swung around and struck him. He had been up to this time in good health, but during the next few days his stomach became very irritable, he vomited constantly; and although he was hungry and felt inclined to eat, he could keep nothing down. Finally, on the fifth day after the accident, he vomited blood to a considerable amount, and continued to do so for several days. Although his stomach grew stronger, he has not been well since. This is his history, to which it is but fair to add that from that time he has been troubled with a cough, attended with free but not fetid muco-purulent expectoration. He states that he never spat blood before, and, as far as he knows, no other member of his family ever suffered in this way. Upon admission some tenderness was elicited upon deep pressure in the epigastric region. Neither the liver nor spleen were enlarged; the urine was found to be normal.

Yesterday morning, after he had been in the ward two weeks, he was wakened by his cough, and found that he was spitting blood freely; the blood was red and fluid. Every time he coughs, since then, he spits some blood and blood-streaked mucus.

Now we have here a case who is said to have a pulmonary hemorrhage, the evidence of which is before you as he coughs. Patients generally are so frightened and confused when they think they have been spitting blood, that they cannot afterward give a clear account of the color of the expectoration, and of other points requiring careful observation, which here are undeniable. From what you have just heard, however, about the previous vomiting followed by free discharge of blood, you would naturally imagine that then it came from the stomach. This I do not deny; but does it come from that source now? From the character, being red, fluid, and free from clots, and the fact of its coming up after slight coughing, I do not hesitate to say, that at present it comes from the lungs. The diagnosis is evident from the cough, even without aid from the physical signs. But on examining him further we find that he has no fever, his temperature is 98½°, his respirations are accelerated 30 in the minute, pulse 110, and easily compressible. I am always very careful in making a physical examination of a patient who is said to be spitting blood; percussion may increase the trouble, and under such circumstances it becomes cruel and unnecessary. Examining gently the front of the chest, we find some want of resonance in the lower part of the left side of the chest anteriorly, where, with the stethoscope, are heard fine, or technically speaking, sub-crepitant râles. In the right chest, auscultation reveals a harsh respiratory murmur anteriorly. It would be scarcely just to the patient to disturb him to listen to his chest posteriorly. There is no nausea nor vomiting now, and there is no disease of the heart, a very important point to establish in pulmonary hemorrhage.

I have no doubt as to the cause of the symptoms; the accelerated respiration, the physical signs, the blood itself, are all consistent with the idea of acute pulmonary hemorrhage. Having made this diagnosis, let us inquire, how does it reflect on the previous cause as indicated in the history, which, you will remember, was furnished by the patient himself, and is not reported from our own observation. Such statements are generally conflicting, and to some extent unreliable; but I am inclined to think that the blood on the first occasion really came from the stomach. Recall the injury. A man in good health receives a blow in the epigastrium and back, he vomits persistently for a few days, and then on the fifth day discharges a large quantity of blood by vomiting. The first effect of the accident, in pathological sequence, was congestion of the stomach, which finally relieved itself by rupture of some small vessel in the mucous coat; but at the same time the pulmonary tissue received an injury, perhaps a rupture of some small vessels, followed by effusion and local change, whose ultimate effects are only now evident.

In regard to treatment, he has been taking, since this hemorrhage began, tannic acid (gr. v) and opium (gr. ¼)—in small doses, it is true—without much effect. This shall now be stopped, in order to try ergot. This has very often an admirable effect in these hemorrhages, and it may be given in drachm doses of the fluid extract every third hour, in a case of this kind, until some effect is obtained.* I am also very fond of dry cupping in such cases, and if the patient were strong we might use a few wet cups with advantage; but here we will merely order the left chest thoroughly dry-cupped. In this kind of hemorrhage it is important to act gently on the bowels by salines, such as Rochelle salts (℥ij) in ginger syrup and water, given every two hours. If, after sufficient trial, I get no benefit from ergot, I will go back to astringents, but in larger doses than before, say twenty grains of gallic acid every half hour until some result is seen.

* On the 17th it was noted that the bleeding had stopped after four doses of ergot had been taken.

And lastly, whatever plan of treatment be adopted, the patient must be kept perfectly quiet, and not allowed to talk. He may have a small amount of ice water, or pieces of ice to suck, but should not be allowed to swallow much fluid. The diet should be light, and the food should be given cold.

In case the hemorrhage persists, we have one therapeutic expedient that we keep in reserve. I refer to the local application of cold. A bladder full of ice to the chest is eminently serviceable, in some cases, in check ing pulmonary hemorrhage; but, on account of its depressing influence upon the heart, it should be used carefully. I have seen serious results from its injudicious application; therefore, while it may be employed in cases when other remedies have failed, it should not be used indiscriminately.

**Chronic Catarrhal Pneumonia, Complicated by Valvular Disease of the Heart—Respiratory Percussion.**

The next patient is also a pulmonary case. He is a moulder, twenty-five years of age, and born in this city. There is no history of lung trouble in his family; indeed, he lost nearly all of his near relatives, including his parents and two brothers, of an epidemic fever. Previous to last April he was strong and well, and had never had any serious sickness. At this time he visited Atlantic City, and, as the water was very cold, he had a chill while bathing, and says that he caught a severe cold. He was obliged to come back to his home, troubled with a severe cough, and has greatly fallen off in flesh and strength. In June he noticed that his feet swelled, and they have been more or less swollen ever since. He has difficulty of breathing, which has prevented him from lying down at night for five or six weeks. He has noticed that he passes but a small quantity of urine, but never had hematuria.

This is briefly the history of the case; now let us inquire into his present condition. In the heart a murmur is heard, whose point of greatest intensity is not quite over the apex, but nearer to the sternum; it is not propagated to the right of the sternum and is not heard posteriorly. About the seat of the murmur there is some doubt, as it is not in the usual position, but it is probably mitral systolic. There is a cavity, determined by auscultation, existing at the upper part of the right lung, but the percussion note under the clavicle is dull, almost flat; full inspiration lowers the pitch but does not clear up the dullness. There is deficient resonance at the left apex, with prolonged expiration and a few moist râles. Posteriorly there is general dullness on the right side, with crackling and prolonged expiration; the dullness is rather lessened during held inspiration. The lower part of the left chest is resonant on percussion.

He still has orthopnœa; his feet are not as œdematous as when he came in, but during the last few days his scrotum has become much distended, giving a good clinical illustration of what is meant by dropsical swelling of the scrotum and penis.

The patient had primary syphilis several years ago, but has had no secondary symptoms. He has never had rheumatism, but states positively that he was perfectly well before this attack came on. He had no shortness of breath after exertion; he could run up and down stairs rapidly without bad effects, and in all respects was healthy.

In this case there are two points that merit discussion. First, as to the complication of cardiac and pulmonary disease—is this frequent? No, it is very rare. It is generally held that where there is chronic cardiac disease, it excludes such disease of the lungs as would lead to consumption. This dropsy of the ankles and scrotum are not due to the pulmonary trouble, but to the heart, and apart from the physical signs of cardiac disease as furnished by auscultation, this swelling of the parts would indicate heart disorder.

We find by the diffused and deficient impulse, and increase of area of cardiac percussion-dullness, that he has a dilated right heart. In addition to the previously demonstrated valvular disease, then, we find that there exists dilation with hypertrophy.

Since we have ascertained the co-existence of heart and lung trouble, it is important to inquire to what cause are each of them due, and what relation do they bear to each other. Now you see the motive for the close interrogation of the patient as to previous disorders. But the answers were negative; he confessed to primary syphilis but denied any constitutional symptoms. The reason for this questioning is evident. If the cardiac disease preceded the lung trouble, then many of the symptoms are explained. Had he syphilis enough to produce the heart disorder? It sometimes happens, where there is syphilitic degeneration of the valves, that they will yield under unusual strain, and this is the only element of doubt in the patient's history. And if I were looking at this case as without any other efficient cause for the disorder, I should regard this view as a very probable one. But he appears to have had no cardiac symptoms previous to the bath. I am therefore forced to the conclusion, that at the time he contracted his acute pulmonary trouble he also acquired an endocarditis, which perhaps was latent, but, nevertheless, steadily proceeded to alteration of the valves, from want of proper treatment. Another possibility is that the heart disease was mechanical in its origin, and secondary to the lung trouble; although this is a very probable view, we can only mention it in passing, as we have not time to discuss it as it deserves.

The patient now undoubtedly has phthisis, but what kind? I could not show you a better illustration of what is termed pneumonic phthisis, or catarrhal pneumonia ending in consumption, than the case before you. The patient was strong and healthy; after exposure

he had catarrhal inflammation of the right lung; this was neglected, and instead of recovery we find masses of deposit taking place in the other lung, resembling cheesy tubercle, all resulting from what was, to him, that fatal bath.

You see how oppressed he is in his breathing, from the consolidation of the right lung, and the heart trouble; now what treatment will relieve him? Since his admission he has been taking tincture of the chloride of iron, with acetic acid and liquor ammoniæ acetatis, some quinine and an occasional dose of cough mixture. He has taken no cod-liver oil, as he cannot digest it. He shall continue the iron mixture, but in the place of the quinia I will order one drachm of digitalis, three or four times daily. The chest shall be frequently dry-cupped. He shall have a nourishing diet, with milk, beef-tea and a small amount of stimulant, preferably in the shape of malt liquors.

[The patient died Dec. 30th. The result of the post-mortem examination will appear in the clinical report for Jan. 6th, 1877.—F. W.]

**Vomiting and Constipation Caused by Hernia—Treatment of Chronic Constipation.**

The next case is interesting in view of the commonness of the complaint. Not to go too deeply into the history, we find here a man whose bowels were only moved once in two weeks previous to admission; and in spite of active treatment they have not yet been restored to a natural condition. He has obstinate constipation, but the most careful questioning fails to show any exposure to lead, nor is there any other than this one symptom to warrant such a suspicion. He has no blue line on the gums, there is no exterior paralysis, and he has had no cramp, but occasionally has vomiting. We will therefore set this aside.

We find, on examining the abdomen, that there is a small hernia midway between the umbilicus and the sternum, caused by an explosion. (He was blown up, in the attack on Fort Fisher, during the civil war.) This rupture, in this unusual position, sometimes is as large as an egg, and has all the signs of a visceral protrusion. Can it be possible that this hernia produced the symptoms? That this may be so I can attest, for I, as a physician, have seen patients with herniæ who were troubled with meaningless vomiting, and attacks of obstinate constipation, all connected with some trouble or irritation of the hernial sac. I recall a case of a gentleman in the lower part of the city, who had several fainting fits with violent vomiting and constipation. The idea of an abdominal aneurism was suggested, but on examining carefully, I found a small hernia. I ordered for him a well-fitting truss, and since he has been wearing it these attacks have ceased entirely. We, therefore, will direct the patient to get a proper truss.

Now, to come back to the medical aspects of the case. Here purgatives act slowly, but he has been ordered a pill, which I think has done him some good.

℞. Podophylli, gr. ¼
Ext. belladonnæ, gr. $\frac{1}{12}$
Ext. nucis vomicæ, gr. ½. M.
Ft. pil.
Sig.—One every three hours.

These moved his bowels several times, but were discontinued so as to try electricity. We used the continuous current from forty cells, one pole held over the colon the other on the sacrum; this has caused the expulsion of flatus but no evacuation. It shall be continued every day, in order to give tone to the bowel, but we will also return to the pills. It may be asked, why give belladonna and nux vomica together? Are they not physiologically incompatible? They are antagonistic, except in their action on unstriped muscular fibre. Nux vomica is a tonic to the muscular coat of the bowel, and nux vomica or strychnia has always enjoyed a good reputation in chronic constipation. Belladonna also acts on the non-striated muscle and is frequently used in bladder complaints, to produce contraction. They are not, in this instance, therapeutically incompatible. I will, however, make a slight modification in the prescription:—

℞. Res. podophylli, gr. ¼
Ext. belladonnæ, gr. $\frac{1}{12}$
Ext. nucis vomicæ, gr. ¼
Aloe, gr. ½
Ol. cajuputi, ♏ij. M.
Ft. pil.
Sig.—Take one, three or four times daily.

You have here a pill very much the same as the first, but associated with aloes, which is considered an excellent remedy in atony of the bowel. The cajuput is added to prevent griping.

---

## PHILADELPHIA DISPENSARY.

DR. MARIS, RESIDENT PHYSICIAN.

### REVIEW OF THE TREATMENT OF NERVOUS DISEASES, AND EXTRACTS FROM CLINICS.

No. II.

BY C. C. VANDERBECK, M. D.

In my last report, I spoke of Dr. Maris depending upon cimicifuga in *chorea*, and that he had not been altogether satisfied with the effect of arsenic in this disease, but thought his failure to push the drug might be the explanation. Now, he gives good reasons why he does not push the arsenical plan of treatment. The class of cases attending the dispensary are, as a rule, so ignorant that it is not safe to prescribe, with impunity, powerful drugs. There has never been an accident in the institution, or none outside, resulting from his treatment, simply on account of the care used in giving drugs. He has been more and more convinced of the importance of such vigilance, and several instances have shown the correctness of such a course; one of these may be given. He had occasion one time to prescribe two ounces of "mistura intermittentis" (the

formula was given Dec. 23d, 1876), and on account of some nervous condition he contemplated adding one grain of strychnia, but remembering his rule, to do without these powerful medicines if possible, he did not order the strychnia. The next day the man reappeared for more medicine. Dr. M., asked him where was what he had given him the day before. The patient answered, that feeling very badly in the evening, he argued if a little did him good, all of it ought to do him more good, so he swallowed the entire contents of the bottle. The doctor was very happy that the grain of strychnia did not enter into the composition of the mixture. Therefore, as long as he obtains such favorable results in chorea from cimicifuga, he does not care to entrust such a potent remedy as arsenic in the hands of such ignorant patients, without the greatest circumspection.

In making this review of the treatment of nervous diseases at this institution, it is proper to mention that the resident physician, Dr. Maris, has held this position for seventeen years, and has paid particular attention to results of treatment. It seems to me, therefore, that the experience of this gentleman cannot fail to be of value and interest. Though it is often highly unsatisfactory to treat such classes, though it is impossible always to control them, to get them to come back regularly and at appointed times, yet in a series of years, almost a score in number, many important facts must have been accumulated by Dr. Maris. What the profession, and what suffering humanity need, especially those afflicted with the anguish and woes of nervous maladies, are facts, not theory. If men of long and extensive practice would print their facts, progress would be more rapid and more uniform. All the facts may not coincide, but there will be a greater mass of material from which to make deductions, a greater number of instances from which safer and more perfect generalization may be obtained.

As Hartshorne remarks, "What is wanted now is more positivism in medicine; more *exact observation* of clinical and therapeutical facts."

It is not so with most of the natural sciences. Generalization is the work for the present naturalist. Medicine needs detailed facts—accumulations of experiences of active practical physicians. If too much time is required in professional duties to allow of extensive or even the slightest medical writing, then the work ought to be deputized, or, at any rate, a careful history of cases ought to be kept by every physician.

The true doctor well knows that he does not live for self. He must not be satisfied to enter a name, and receive his fee, and deny the right of posterity to know the results of his life long experience. Upon a well regulated doctor's office table are found books for the entry of cases—for science's sake—not simply to show the debit side of a man's account. When a man who thus carefully registers his experience speaks or writes, his words are freighted with wisdom and truth, and are in strong contrast to the everlasting boasting—Paracelsus style of relating unrecorded and *uncertain* facts.

Dr Maris finds it necessary to use strychnia in *chronic paralytic cases*, but he is sure to caution and recaution the patients of the potency of the remedy employed. If he could get the same result from a less powerful drug, he would adopt the same plan as in treating chorea, choosing the safer line of treatment.

Very excellent results have been obtained in *hemiplegic cases*, by the use of strychnia per orem. He has seen several cases perfectly restored. The use of strychnia is confined to the chronic cases.

In *acute hemiplegia*, the chief reliance is upon counter-irritation, by the bowels, giving a course of brisk cathartics. Occasionally cases of *paraplegia* present themselves to this clinic. In fact, there is scarcely a disease but that is sometimes seen here. Many and many times have scarlatina, rubeola, and even small-pox patients applied for treatment. It is almost impossible to lay down any special line of therapeutics in this or any other nervous disease. Individualization must be attended to in every case. Not a disease, as a disease, but a malady as occurring in a certain constitution, modified by the age, sex, habits and former diseases of the patient, must be treated. And then, often, with these cases coming here, there is a modifying element in the form of malaria or syphilis. This attention to each case becomes quite easy, after experience is obtained by handling a large number of cases. At a glance, often, the line of treatment can be determined.

The cases of paraplegia that have been treated were not very much improved. The prognosis, undoubtedly, is bad. In some cases strychnia is used, and often with advantage when applied to a blistered surface; the general health receives close attention; malaria and syphilitic poisons are corrected; iron given to anæmic cases, and counter-irritation is applied to the spine in all the cases.

To speak of remedies now, rather than diseases, Dr. Maris announces his confidence in medicines. The doctor says that when he first began practice he was, by reason of education and surrounding influences of various kinds, somewhat of a skeptic in regard to the virtue of medicines. This bias has been removed from his mind, and he now firmly believes in the power and good effects of remedies. This has been brought about by the clear, undeniable results that have, not once or twice, but many times over, occurred to him in treating the thousands of cases that resort to this Institution for relief.* He feels he knows the value—the true value of medicines—just what they can and just what they cannot do! Too much must not be expected of them. They do not perform miracles. There are practitioners today who believe in the almost miraculous

* Dr. Maris has treated with his own hands, since being resident physician, over 120,000 cases.

power of medicines; others who have lost all faith in them. He chooses the middle course, not agreeing with the physician who writes his prescription and fails to mention one word of the fresh air of heaven, of sunshine, of diet and nursing, and hygiene in general, forgetting that these are most potent remedies, and believing that "dosing" is the only therapeutical indication. Neither does he agree with the skeptic—with him who believes the potency of medication is as powerful in the pill of bread as in any veritable drug—who is disgusted with medicine and its practice, and stays in it only to keep the wolf from the door. Do I overdraw? Examples of both of these classes are in my mind's eye. These are pictures drawn from life. Dr. Maris' vast experience cannot accept the idea of the impotency of drugs. A moment's consideration will show us that dispensary cases are particularly valuable in testing the value of treatment. Who are these patients? Often intelligent poor; sometimes clever, polite, and interesting people. Sometimes those who have been, by untoward circumstances, reduced from an opulent or comfortable condition; but as a rule, the scum of society—the inhabitants of the dark alleys, damp cellars, and leaky garrets; those who have the parlor, sitting-room, bedroom, and kitchen all in one room, and to find even this, one must grope with uncertain steps up the long, dark, and rickety stairs to the room just under the rafters; they are those reared in darkness and in filth, imperfectly or improperly nourished. Such are the visitors of the charity dispensing service, and yet, in spite of all these adverse features, in spite of all these tendencies to originate and promulgate disease and to give it continuation, we have seen the curative efficacy of medicine hundreds of times. To think of patients who beg the doctor to give nothing to increase their appetite, as their means of support are not sufficient to appease any increase of hunger! and yet, in such, disease is often removed or held in abeyance by the virtue of medicine.

This is by no means an argument for filth and wretchedness. If medicines can do so much for them, it ought to do more for those who can have the invaluable adjuvants—air, sunshine, and abundance of food of proper quality and of wholesome variety. Yet among the upper classes there are other adverse agents, not so loathsome as those of the courts and alleys, but often as baneful—the refinements of civilization, sapping vital power and destroying vigor, perhaps in other forms of disease, but just as certainly undermining health as those maladies called *filth diseases*. The remedial action of medicine often in such classes also is at a disadvantage, yet physicians well know it frequently exerts its curative effect. Dr. M. is a firm believer in the benefits of hygiene, and endeavors to impress the importance of cleanliness and temperance upon the patients. He is satisfied that much harm is done by whisky and tobacco. Some of the male cases are literally whisky and tobacco soaked. He has never yet found an Irishman who either did not drink now, or had some time in the past. They freely acknowledge the "corn."

A very frequent complication is *nervous dyspepsia*, and, in fact, all kinds of dyspepsia. This is due, not to over-eating or "bolting," etc., but is caused by improper and insufficient diet, a diet without much or no variation. Many say they live for weeks and months upon tea and bread. The system is not nourished, the stomach is weakened, not only by reason of the general lack of strength, but because of its comparative quietude. Work is its function. Food is its stimulus. Many thus affected are young girls, who are too proud to work out at service, and rather work for beggarly wages upon the sewing machine, or at plain hand sewing. Servants have the advantage of the full and varied diet of the master's table. Then the very work itself, of sewing, and till midnight, is not conducive to health.

While conversing with the doctor, a patient came in with a large *ulcer on the left leg*. The sore had a very unhealthy look, and the appearance of it and the surrounding flesh was very peculiar. Dr. M. observed that the man had been "poulticing the sore to death." He has seen many instances where patients have been poulticing a part for a long time, and utterly exhausting all its vitality. He ordered the poultice to be removed, and the sore stimulated with co. resin cerate.

Dr. M. has been in the habit of entering in a book the remarks of the patients as they endeavored to explain their sufferings. These are very rich, and will show just what ignorance he has to contend with. One person *complains* of having *no* cough, but when she eats she has to hold her head down for half an hour. One has renality in the head; another is "knocked in the head with a pain in the back." Others of these remarks are: "I smell a gas up my throat;" I've the joralgy;" "Dr. P. says I have the lipsic;" "My feet be's creeping out of my shoes;" "I pass my nervous system through me rotten" (he had a bad diarrhœa); "I have valerian fever;" "I did'nt know whether I was to take these four pills, or to rub them in my hand;" "Doctor said I had broken the pulses around my heart;" I have not a sick spit, but kind of a slushy spit;" "A squill in the throat;" "A clink in my ribs;" "I feel like exhilarating very much;" "I have the spaniel disease growing in my back;" "I taste a bad smell up my neck;" "I have no spine in my nerves;" "My stomach flies to my head;" "I've a great kick up in my stomach;" "I want a certificate of death for a woman who is not expected to live;" etc.

To the "house prescriptions" given the last time I may add:—

TINCTURA FERRI ET QUASSIÆ.

℞. Tinct. ferri chlor., fℨj
Tinct. quassiæ, fℨj. M.

LIQUOR FERRI ET POT. TARTRATIS.

℞. Ferri et pot. tart., ℈ij
Aquæ, fl℥ij. M.

SAL FERRI COMPOSITUS.

℞. Ferri sulph.,
Ferri carb., āā grs.x
Pulv. aromat., ℈ij
Magnesii sulph., ℥j. M.

Et ft. chart No. 1.

Sig.—A teaspoonful every morning in a glass of cold water.

LIQUOR POTASSII ACETATIS.

℞. Potas. bicarb., ℥iijss
Acid. acetici, ♏vj
Aquæ, ℥xxiij. M.

LIQUOR CHLORALIS.

℞. Chloralis, ℥j
Aquæ, fl.℥j. M.

PULVIS GENTIANÆ COMP.

℞. Gentianæ, ℥iv
Sennæ,
Zingiberis, āā ℥ij
Sodii bicarb., ℥iss. M.

Et ft. chart No. 1.

Sig.—Put into a pint of boiling water and take a wineglassful three times a day.

LIQUOR ZINCI SULPHATIS.

℞. Zinci sulph., grs.ij
Aquæ, fl.℥j. M.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Inoculation of Cancer.

Preliminary communication by Metislawus Nowinsky. (From the Zoo-chirurgical Cabinet of Prof. Wowontzoff, in St. Petersburg.) Translated from the *Centralblatt für die Medicinischen Wissenschaften*, November 4th, 1876, by JOHN SUNDBERG, M. D., Baltimore, Md.)

In December, 1875, I made the following experiment with the inoculation of cancer. I used small pieces of a carcinoma medullare, from the nose of a dog. Twenty-seven of the inoculations were made on inflamed and fifteen on normal skin. The former gave all a negative, but of the latter two gave a positive result. The following is the history of one of the cases: In a fresh wound which I had made on the dog's back, I planted a piece of cancerous tissue of about two millimétres in size. I then closed the wound by sutures, and it healed by first intention. After a period of fourteen days there appeared in the cicatrix a nodule, of the size of a pea. This grew rapidly, so that on the 1st of April, about three months after the inoculation, it had attained the size of a walnut, and presented an uneven and ulcerated surface. On the 4th of May the dog was killed. The globular tumor, which measured three and a half centimétres diameter, was rather soft, and upon section it proved to be of a white color. In the right sub-clavicular region was found an enlarged lymphatic gland. The microscopical examination of the first nodule revealed that the peripheral layer consisted of closely packed polygonal cells, of an epithelial character and of variable size, which infiltrated the subjacent layer of connective tissue. In the central layers were found alveoli of variable size, with more or less of minute tubercles; these were filled with similar epithelial cells. In the enlarged lymphatic gland the same appearance presented itself as in the first nodule. I have thus obtained a similar structure of the tumor in this case as in that from which I took the small pieces of cancerous tissue for inoculation, viz., carcinoma medullare.

In the second case, I took for inoculation a small piece of cancerous tissue from the first tumor of last year's experiment. The inoculation was performed on a young dog, only three months of age, that died from the plague within a month and a half after the inoculation. On section of the cadaver, a small nodule, of the size of a pea, was found in the cicatrix where the inoculation had taken place, without the presence of metastatic nodules in any other organs. By the microscopical examination I obtained specimens that are characteristic of carcinoma medullare.

From these experiments we learn that when small pieces of cancerous tissue are, under favorable circumstances, transplanted under the skin of a dog, they take root and grow. Thus, the infection of cancer cells can no longer be doubted. These experiments shall be continued, and a more complete report given at a future time.

### Conclusions on Salicylic Acid.

A series of experiments are reported in the Edinburgh *Medical Journal*, Nov., 1876, by Mr. J. A. Erskine. His conclusions are that it is an antiseptic, deodorizer, and astringent, possessing these three properties in a marked manner. That it produces a specific action on the mucous membrane of the mouth, nose, and throat, is undoubted, as the catarrhal symptoms are produced in these regions whether it is taken by the mouth or rectum. That, from its rapid absorption by the blood, it is quickly carried through all parts of the economy, and its action is thus quickly manifested. The antiseptic properties being so marked, and its char-

acter being non-poisonous, it is sure to prove efficient in zymotic disease, in the same way that sulpho-carbolate of soda has been used.

Salicylic acid, although proved by Godeffroy to be three times as strong an antiseptic as carbolic acid, is so difficult to dissolve, that its spray is not efficacious. Its use as an external antiseptic is thus much prevented, as, from its non-irritating, and non-poisonous qualities, it is otherwise eminently suited for use externally.

No explanation of the changes which salicylic acid undergoes in the economy has yet been attempted. Is it not probable that salicylic acid, from the heat to which it is exposed in the alimentary canal, splits into carbolic and carbonic acids; that the carbonic acid, escaping as it passes down, causes the sensation of choking; and that the carbolic acid, coming in contact with gastric juice, forms an innocuous compound with some of its salts, and thus carries out its actions? This is the chemical explanation of its action, at least.

Regarding its administration, he says:—In powder, it is almost impossible to swallow it alone, as I believe, from the experience that I had in trying it, that the heat of the mouth causes carbolic and carbonic acids to be evolved. It can be administered in rice paper, or in combination with starch, or it may be administered in the following formula, which I have found useful, and which does not hurt the mouth and throat to any extent, compared to the powder:—

℞ Acidi salicylici,
Potass. bicarb., āā gr.xv
Aquæ, ℥j. M.

Carbonic acid is evolved, and the potash combines with the acid to form salicylate of potash. Salicylic acid is non-poisonous, as much as ℈iv having been administered in Germany. I myself have taken as much as ℈ij, without producing the slighest bad effect, except displaying its specific action.

---

**Treatment of Hygroma Præpatellare by Incision.**

Professor R. Volkmann, of Halle, treats of this subject in an article published in the *Berliner Klinische Wochenschrift*, No. 8, 1876.

While incisions into the synovial sac in cases of hygroma are usually followed by long-continued and severe inflammation and suppuration, yet they will heal rapidly when followed by antiseptic treatment, the application of a bandage to produce pressure, and keeping the wound open.

The author treated six cases of chronic hygroma at the knee, and one of the bursa anconea, in this manner. In no case did inflammation or suppuration supervene, and six remained without febrile symptoms. He makes a longitudinal incision and empties the sac of fluid; if the integuments are very much distended, and would become too flabby after this procedure, he removes an elliptical piece of the skin and wall of the sac by excision; should rice-shaped concretions remain adherent, they are scraped out with the "sharp spoon;" after this the sac is washed out with a $\frac{1}{100}$ solution of carbolic acid. On each side of the wound is placed a roll of Lister's cotton gauze, and it is kept open by means of short perpendicular drainage tubes, unless it remains open without aid; over the whole a bandage is applied in the ordinary manner. Within two to three days perfect adhesion takes place within the sac; after the above-mentioned dressing has been renewed three to four times in the course of eight to ten days, union will have progressed so far that simpler dressings may be applied. Definite cicatrization is completed in two to three weeks.

Among the seven cases treated the contents in three were hemorrhagic. It is remarked that not only the free, but also the pedicellate rice-shaped bodies are fibrinous concretions; in the latter variety the fibrin is deposited in concentric layers around minute filaments.

---

**Dangers of Surgical Operations on Opium Users.**

In some notes on surgical practice in China, in the Edinburgh *Medical Journal*, Dr. E. Henderson calls attention to the increased dangers of operations in opium users, a fact well for our own surgeons to note, as the use of that drug is rapidly increasing in our own cities. He says:—

That loss of health which results from excessive opium smoking is, of all others, the constitutional condition most to be dreaded by the surgeon in Shanghai. Patients so debilitated are little able to bear the shock of injuries or operations; their tissues possess little vitality, sloughing readily and healing slowly. They are restless and irritable; having little appetite for food or power of assimilating what they eat. In such subjects, I have seen sloughing of the cornea follow a trifling operation on the conjunctiva, and have often watched the feeble reparative power shown on the surface of wounds. In dealing with confirmed opium-smokers, the surgeon would do well to limit the use of the knife to such cases as absolutely require his interference. During treatment, and especially after operations, the patient should be permitted the use of his pipe, or if, in preference, opium be given by the mouth, the ordinary dose must be very largely increased. In surgical diseases affecting the opium-smoker, the abrupt discontinuance of the habit would, I believe, almost certainly be injurious. Opium-smoking has certain advantages in the case of those who suffer from painful and incurable diseases. I have myself seen several cases of cancer among the natives in which relief from suffering was obtained by the use of the opium pipe. While I write, there is a case of the kind in the Shanghai Road Hospital; the sufferer will not at present consent to submit to the necessary operation, which involves amputation through the lower third of the thigh, and obtains relief from pain by opium-smoking, consuming no less than an ounce of the prepared drug daily.

### The Treatment of Dilated Heart.

Dr. J. Milner Fothergill believes this is often a curable disease. He says, in the *Medical Press and Circular*, October, 1876:—

The physical signs are a diffused apex heat broader than the normal, irregular action, with more or less intermittency; palpitation on effort, with a pulse regular or irregular, according to the action of the heart, but always readily compressible and empty during the cardiac diastole. The subjective symptoms are palpitation on effort—indeed, the whole series of signs and symptoms are aggravated by exertion; breathlessness easily induced; often attacks of dyspnœa, with craving for air, "although air freely enters the lungs" (Haydn), coming on in the night during sleep, as well as in the day, after exertion. Such, briefly, are the outcomes of cardiac dilatation.

In order to procure relief from these different consequential results of cardiac dilatation, it is necessary to strike at their cause. The following case will illustrate very clearly what must be done:—

W. A., aged fifty-nine, from Stockton-on-Tees, presented himself at the Victoria Park Hospital, on March the 18th, 1876. He was a grocer in the above town. For some time he had been in failing health; had felt himself less equal to exertion, even in the light duties of his business; so he came to some friends at Stratford, and attended the hospital regularly. He complained, when first seen, of general failing strength, of shortness of breath, of choking sensations, often stopping him when attending to his shop, and compelling him to sit down and keep quiet. His heart's action was irregular, with numerous intermissions, and with a diffused apex heat. He was a tall, well-built man, and his malady in all probability took its origin in excessive taxation of his powers from his industrious habits. He could only sleep propped up in bed. He was told to keep very quiet, to stay long hours in bed, and spend a good portion of his time on the couch when out of bed. His diet was to consist of easily digestible food in moderate quantities at once, and frequently repeated. The medicine prescribed was the ordinary hospital mixture of quinine and iron, an ounce three times every day, with fifteen drops of tincture of digitalis in each dose.

March 26th. Reported himself already feeling better, symptoms ameliorating.

April 8th. The intermittency had departed, and only the irregular action of the heart remained. The choking sensations were much better. Medicine to be continued, and a compound colocynth pill at bedtime occasionally, in order to regulate the bowels.

June 3d. Feels so well that he asks to be discharged, in order to return to his business at Stockton. His pulse is regular and well sustained, and his heart's action steady. His signs and symptoms are all so much relieved that he could readily pass for insurance. He was a very obedient and intelligent patient, and his rapid improvement was due in part to his carrying out his instructions so well. Further directions were given him as to his future treatment of himself, together with a formula for making a pill, containing a grain of digitalis in powder, with a third of a grain of dried sulphate of iron, one to be taken twice every day after food. He promised to write in a month and say how he is going on. His report is as follows:—

"July 10th. I have steadfastly adhered to the course you presented, and not only feel myself much better, but my doctor and all my friends say I look better."

---

### Aneurism Treated with Tan Poultices.

In the London *Medical Times and Gazette*, November 4th, Dr. W. Arding writes:—

As the medical treatment of aneurism has only partially, if at all, engaged the attention of medical practitioners, I beg to bring to your notice a case of such disease treated by me some years ago.

The patient, J. S., of middle age, was affected with difficulty of breathing, particularly when at his work as a shoemaker, and at the same time was affected with a pulsating tumor in the epigastric region, at the scorbiculus cordis, quite evident to the sight. His general health was good in all other respects. After applying some topical remedies without any improvement, at last I suggested the application of tan poultices to the pit of the stomach. In a few weeks the disease apparently was perfectly cured, but I lost sight of my patient, he having left this town for Reading; since which time no further accounts have been received of him.

The *rationale* of the treatment must appear, I am happy to say, evident to every one; an astringent application, externally applied, having successfully produced a deposition of fibrin internally in the diseased artery, so as to almost astonish me with its favorable result.

---

### Iodine Intoxication and Albuminuria in Children.

In the *Gazette Hebdom.* No. 19, 1876, it is stated that, on recommendation of Dr. Clin, Dr. S. Simon applied tincture of iodine and glycerine daily in cases of tinea and favus occurring in children. The crust thus formed falls off in a few days with the diseased hairs, so that it is not necessary to remove the hairs by other means or to wash the scalp. The results were excellent and without unpleasant complications, until suddenly a patient ten years of age became affected with iodine poisoning; iodine was found in the urine, and at the same time albumen was found in the urine of more than half of the other patients undergoing the same treatment; in some it was present in considerable amount. Four of the cases presented iodine and albumen in the urine at the same time; this ceased when the iodine treatment was omitted, and set in again as soon as newly applied iodine had time to be absorbed. The

children in the ward who were not treated with iodine remained free from these phenomena. In seven cases treated with iodine the medicine was found in the urine, but albumen did not appear.

Experimentally, three other cases were treated by the external application of iodine; two were patients with phthisis, and one was a case of white swelling of the knee. Two of these presented iodine and albumen in the urine on the second day; in the third case the applications were at first few in number, and only covered a spot as large as a five franc-piece; albumen did not appear until the fourth day, and at first only as a trace. Fourteen patients had a surface of ten centimétres square painted with tincture of iodine; and in them iodine and albumen were very soon found in the urine.

S. Simon draws the following conclusions from the above: We must not apply iodine too long externally in the cases of children affected with chronic diseases, for fear of producing permanent albuminuria; and in excitable, nervous patients, especially when in a febrile condition, iodine and albumen appear very quickly and readily in the urine, after the former has been applied externally. On the other side, the treatment is recommended for tinea and favus, the urine being carefully watched and tested for albumen, and the applications suspended when it appears in any quantity.

While iodine easily produces these phenomena when used externally for children, they bear iodide of potassium very well. In chronic albuminuria, of adults, iodine often acts beneficially (Isambert). Dechambre has experimentally demonstrated the absorption of iodine by the skin of adults.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The Report of the Board of Health of Philadelphia, for 1875, is a document of 350 pages, full of carefully collated statistics and useful sanitary information. It is pleasing to learn that the vast abattoir erected by the Philadelphia Stock Yard Company, from which so much was feared, is unsurpassed in neatness, convenience, and safety. Intra-mural interments, it is stated, should be prohibited in future. Much of the value of the Report is due to the labors of Dr. William H. Ford, Secretary of the Board.

——The 21st Annual Report of Births, Marriages and Deaths, in the City of Providence, gives the usual careful summary.

### BOOK NOTICES.

**Proceedings of the Third Annual Meeting of the Medical Society of Oregon.** 1876. pp. 60.

Though not large in size, the contents of this report prove that the Medical Society of Oregon is active in the right path. It presents a practical address by the retiring President, Dr. R. Glisan; a medico-legal one by the Hon. William Strong; and cases by Dr. John Vite, and Dr. W. B. Cardwell, besides the usual proceedings. The Society counts about sixty members.

**A Treatise on Hernia, with a New Process for its Radical Cure, and Original Contributions to Operative Surgery, and New Surgical Instruments.** By Greensville Dowell, M. D., Professor of Surgery in Texas Medical College, etc. Philadelphia, Published by D. G. Brinton, 115 South Seventh Street. Cloth, 8vo. Illustrated. pp. 206. Price $3.

This work is tersely written, and at the same time sufficiently elaborate for the use of both specialist and general practitioner. The first part is devoted to the consideration of the varieties, symptoms and causes of hernia. Several interesting tables are inserted—1st. Showing the number of exemptions of drafted men on account of hernia. 2d. The number of deaths from this trouble, compiled from the United States census of 1850, 1860 and 1870. 3d. The most frequent site of strangulated hernias, with a comparison between the two sexes in this regard. An interesting table of the relative size of the tumors in the two sexes is also inserted. Scrotal being the largest in the male, umbilical in the female; ventral next in order in both sexes. It is shown by these statistics, that hernia is very common, the ratio being 29.14 to the 1000; and deaths from this affection are more frequent than one would suspect, "the number of deaths, to the entire number of deaths in the United States, is 1 in 771½; or, in the entire population, 1 in 60,432½."

The *treatment* of hernias is the distinctive feature of the work. Palliative treatment is best carried out by means of a carefully-made and perfectly-fitting truss. A minute description is given of various varieties of trusses, the advantages and disadvantages being pointed out. We can testify, by personal experience, that a badly-fitting truss may do actual harm.

Druggists throughout the country sell, as a rule, trusses, and very frequently the affected person applies directly to the salesman, without an examination by or advice from a surgeon, and the only care used is in selecting the proper side. The effect of which is, in some cases, to cause, at least, irritation or inflammation of the tumor, or even produce strangulation.

The radical cure of hernia is next considered. This is the key-note of the book. The author here displays a minute and explicit knowledge of all the operations ever practiced for the radical cure of the affection in question, and finally introduces his own new method of operating. He claims superiority over all other methods, and judging from his statistics, we have no reason to criticise the claim.

Notice is made of numerous methods, among which are Prof. Agnew's, Prof. Gross', Prof. Wood's, and Prof. Joseph Pancoast's. Pancoast's method, the injection of iodine in the sac, often requires several repetitions, and is rather unsafe. Issue is joined with Prof. Gross in regard to the impracticability of a cure "by any method whatever" when the canal is shortened and widened, and when the orifices of the canal are on the same line. Only the merest outline of the author's method, so minutely and plainly described in the work, can be given. "The only instruments used are a double spear-pointed semicircular needle, with an eye in each point, silver wire, a piece of cork." The operation consists in approximating the edges, but not by cutting down upon the parts, and paring the edges, a procedure considered by Gross the most rational method. The approximation is effected by the author by a unique method of subcutaneous sutures of silver wire, and thus the "replacing of the natural support" is effected. "Compression alone is all that is required to cause adhesion in serous tissue," therefore, freshening of the edges is considered superfluous.

The plates illustrating the text are not very artistic, being rather rough wood-cuts, but the writer's object is met—not a display, but a practical hand-book produced, and the cuts are sufficiently good to show the procedures in operating by the new method. Summing up his results, out of sixty-eight cases he had only eight failures.

We can but mention that the latter half of the work considers: "A New Instrument for Removal of Septum in Artificial Anus;" "Prof. Dowell's Male Catheter;" "Instruments for Lithotomy in the Male;" "Ligation of Varicose Veins with a Shuttle Needle;" "Stricture of the Urethra;" "Table of Operations by Prof. Dowell, for Fistula, and for Impermeable Stricture," etc., etc. In concluding, we heartily commend this book to every one interested in the subjects therein treated.

**Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M.D., Professor of Ophthalmology and Otology in the University of the city of New York, etc., etc.; and Edward T. Ely, M. D., Assistant to the Chair of Ophthalmology and Otology, etc. Wm. Wood & Co., New York, 1876.**

This is a very neatly gotten up little book, suitable for the pocket of the physician or the student attending lectures; but we were somewhat surprised at the pretentious character of the preface, as may be seen by quotations from page 1. "It aims to give a concise and correct outline of our present knowledge of ophthalmology and otology, and to serve as a kind of dictionary of these subjects." "The anatomical portions, however, will be found quite *as complete as in any* one book in our language." The anatomy and physiology of the eye, with its appendages, are given in *thirty-nine pages;* that of the ear in *sixty-three pages*. As far as the general practitioner is concerned, this part might as well have been omitted, for he lacks both time and inclination to read mere dry anatomy; and such epitomized descriptions cannot satisfy the specialist so long as so many excellent and elaborate treatises can be obtained. Of the practical portion, including treatment, we selected the article on the treatment of perforations of the membrana tympani by artificial membranes, a subject we desired to refresh our memory upon, and found the following information at page 224: "After irritation and suppuration have subsided, hearing may sometimes be improved by insertion of an artificial drum-head. Latter is only of service where drum-head is partly or wholly destroyed, and where deafness is marked. It must be used carefully, and removed at once if it causes irritation." Again, at page 230, under "Otalgia," where the general practitioner would naturally look for some new hints from the specialist, the subject is dismissed in three lines.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

*The terms of subscription to the serial publications of this office are as follows, payable in advance:—*

| | |
|---|---|
| Med. and Surg. Reporter (weekly), a year, | $5.00 |
| Half-Yearly Compendium of Med. Science, | 2.50 |
| Reporter and Compendium, - - - | 7.00 |
| Physician's Daily Pocket Record, - - | 1.50 |
| Reporter and Pocket Record, - - - | 6.25 |
| Reporter, Comp. and Pocket Record, - - | 8.25 |

*For advertising terms address the office.*

*Marriages, Deaths, and Personals are inserted free of charge.*

*All letters should be addressed, and all checks and postal orders be drawn to order of*

D. G. Brinton, M. D.,
115 South Seventh Street,
Philadelphia, Pa.

## THE VIVISECTION QUESTION.

Among the topics which attracted the attention of the lecturers at the commencement of the present medical term, in Great Britain, that of vivisection occupied a prominent position.

At the last session of Parliament, a Royal Commission was appointed specially to investigate the "practice of subjecting live animals to experiments for scientific purposes." Among the members of that commission were several distinguished statesmen, and at least one name well known to science. After a protracted inquiry into the whole question, these commissioners came unanimously to the conclusion: "That it is impossible altogether to prevent the practice of making experiments upon living animals for the obtainment of knowledge applicable to the mitigation of human suffering, or the prolongation of human life;" and again, "the greatest mitigations of human suffering have been in part derived from such experiments." They further expressed the opinion that "a general sentiment of humanity on this subject appears to pervade all classes in this country."

A Bill was introduced after the reading of this report, allowing the practice of vivisection by professed teachers of physiology, but clogging the freedom of research by various petty and annoying restrictions, quite out of place in dealing with a learned and humane profession.

The feelings which this unwise action and its motives have stirred in the physiologists, may be judged by an extract from an introductory lecture by Dr. Andrew Clark, of the London Hospital.

After enumerating the functions of experiment, and showing the necessity of checking its results by clinical observations, he adverted to the suffering inflicted upon animals, and the responsibilities which it imposed upon experimenters. Touching upon recent legislation and its probable effects upon education and science, he expressed his alarm at the prospect of a fresh crusade, in which "no quarter was to be given, and no peace concluded, until the liberty of experimenting upon animals was unconditionally extinguished," and continued:—

"It is hard to understand the reasons of such a passionate antagonism, and still harder to believe that it has no other foundation than the desire to protect inferior animals from unnecessary suffering. For, if this be so, why do our antagonists confine their warfare within such narrow limits? The infliction of suffering for ulterior ends—everywhere visible in nature, now adjusting the balance of nations, or settling the autonomics of peoples—pervades the whole structure and relations of civilized life. What are all the sufferings inflicted by all the vivisectionists of all the world in comparison with the hecatombs of suffering which political experimenters have inflicted upon mankind, in their attempts to settle the question of the balance of power in Europe? Are the sufferings of men of less account than the sufferings of brutes? Or is their blood less precious? Are the countless woes of countless human hearts to be

reckoned but as dust in the balance against the wounds of guinea-pigs and frogs?"

The effort which has been made, to a less degree in this country, to excite the sensibility of well meaning persons on this subject, should be counteracted by such arguments as the above. Any one who will carefully examine how such experiments are conducted, and the results in the alleviation of human suffering they have brought about, will find no just ground to accuse them of being either needlessly painful or unnecessary to medical progress. It were as well to attack the surgeon, because his measures cause pain, as the physiologist. There is a law wider than medical science, wider than any science whatever, that pain, suffering, individual or vicarious, is an indispensable condition to advancement. That we should do our best to limit it, is a duty; that we should endeavor to dispense with it altogether, is a fallacy.

## Notes and Comments.

### Infant Mortality in Philadelphia.

The *Evening Star* of this city, an ably conducted paper, which takes an enlightened interest in matters of public health, comments on the mortality data of last year as follows:—

"Eighteen thousand nine hundred and three persons died in Philadelphia during the year 1876, of which number 7547 were children under five years of age. This is considerably more than one-third, very nearly one half. It is a fact startling in its character, and well calculated to cause reflection. How many of these seven and a half thousand little ones perished for want of fresh air, how many from neglect, and how many from absolute want? There is wide room for the organization of associations for the protection of little children."

### Boards of Health.

Gov. Hartranft, of Pennsylvania, says in his last message, which appeared the first of the year:—

"The conviction is steadily growing among intelligent men, and especially physicians, that a State Board of Health is necessary to the health and happiness of our people. Many epidemics can be prevented and contagious diseases sensibly confined or mitigated, by the observance of a few sanitary precautions which are now ignorantly or willfully neglected. It is our duty as legislators to secure the lives and health and happiness of our people by all the means that the knowledge and ingenuity of the age place within our reach. A State Board of Health, having general supervision over local boards, investigating systematically and scientifically, and disseminating correct information, would inculcate proper habits among the people, and enable intelligent and salutary laws to be framed for the preservation of life and health."

### The Treatment of Psoriasis and Acne.

Dr. Broadbent mentioned, lately, at the Clinical Society of London, a case of psoriasis, in which, after other remedies had failed, he gave phosphorus, and in a week the disease, obstinate before, was cured. As Sir W. Jenner observed, cases of psoriasis are plentiful, and phosphorus capsules to be had in abundance, and there should be no difficulty in inquiring into the action and use of phosphorus in this obstinate and ofttimes extremely troublesome disease.

Dr. Neumann (*Allgem. Wiener Mediz. Zeitung*, No. 37, 1876), has found excellent results, in acne rosacea, from brushing the affected skin with a solution of one part of carbolic acid in three or four parts of alcohol. The application is made three times a week, and produces no cicatrix. The treatment is not applicable when there is much thickening and œdema.

### The Causes of Insanity.

Dr. Ed. Hitzig, of Zurich, in a recent lecture on "the aim of psychiatry," stated its highest to be the prevention of the origin of psychical diseases. As the most common cause of disease, the author points out heredity. Insanity must be regarded as a disease of the nervous system, which does not always produce the same form of disease, and may arise from other forms, so that epilepsy, deaf mutism, and such diseases, may alternate in different generations. It is not to be believed that all the children of a person who at one time has suffered from insanity *must* be insane. Many may remain free, and may perhaps be characterized by un-

common endowments. The author points out the great importance of not overworking the brain in children whose parents have shown a tendency to insanity.

The effects of dipsomania upon the person himself and his posterity are then discussed. The children of drunkards inherit the same if not a greater tendency to disease of the nervous system than the children of nervous, or even of insane, parents; in fact, they die often at a younger age, from convulsions and other epileptiform conditions.

---

**The Iodides in Lead-Poisoning.**

At a meeting of the Academy of Medicine of Paris, Dr. Faure communicated a note on the efficaciousness of the iodides in lead-poisoning. These observations had been made by the writer in a white-lead factory, his own property. He made the experiment on himself after a very prolonged period of poisoning, and a partial cure by the usual remedies; he obtained excellent results by a treatment of iodide of potassium, administered in doses of two centigrammes. After that time, and notwithstanding an excessive sensitiveness to saturnine emanations, he had always successfully overcome frequently repeated poisoning. M. Faure was of opinion that a workman sufficiently intelligent to determine the quantities he ought to take, would always obtain the most satisfactory results by a treatment consisting of doses from 5 to 10 centigrammes of iodide of iron or potassium, without being obliged to interrupt his work.

---

**Testing the Urine for Albumen.**

Dr. W. H. Kesteven recommends the following method, in the *Lancet*:—

Take a thin glass microscopical cover (about one inch square is the best size); on this place a drop or two of the urine to be tested; then, with a pair of ordinary dressing forceps, hold the cover over the flame of a candle. At the same time the under surface of the glass will be blacked by the smoke, and the urine will be boiled. If there is any albumen, the black under surface renders the white precipitate evident.

Urine may also be tested cold with nitric acid with the same apparatus. A drop or two of the urine should be placed slightly on one side of the centre of the surface of the glass, and a drop of nitric acid on the other. By inclining the glass, the two will mix, and after the fumes which result from the mixture have passed away, it will be readily seen if there is any albumen precipitated.

In the first experiment care must be taken not to boil the urine too rapidly, or it will be evaporated. In the second, the resulting precipitate is rendered more apparent if the under surface of the glass has been previously coated with Brunswick black or some other dark substance. A few of these covers can be carried in an ordinary pocket dressing-case, and afford a ready means of testing urine at the patient's house.

---

**Harvey Demonstrating the Circulation of the Blood.**

The great scarcity of the original engraving of Harvey demonstrating the circulation of the blood to Charles the First of England, and published in 1851 by Lloyd Brothers, of London, has induced Mr. H. Wood, Jr., of 826 Broadway, to issue a photograph of the same. The size of the latter is 7x9 inches, and is exceedingly well executed. As the London engraving is now entirely out of print, and not attainable "for love or money," the photographic copy is likely to become a popular office picture.

---

**The Importance of Treatment in Disease.**

It seems rather absurd to have to remind medical authors that the main object of the study of medicine is to remedy disease. But it is certainly needful to do so. We are glad to observe that the strictures in this journal, on Dr. Bristowe's recently published *Practice*, have been re̊chœd by his British critics. The following excellent remarks are from a review of his book in the London *Medical Record*:—

"As in all the modern works on physic, the treatment of disease receives less attention in this treatise than its diagnosis and *post-mortem* phenomena. We think this is to be deeply regretted, on more grounds than one. The neglect of treatment on the part of orthodox practitioners is the stronghold of quackery. The self-dubbed Doctor Smellfungus, graduate of a college *in nubibus*, sees a patient, relieves his pain, gives him tranquil nights, and at least a few days of enjoyable life, whilst the graduate in honors of old and celebrated universities, who is perhaps, in addition, Member or Fellow of Royal Colleges of Physicians or

Surgeons, sends the patient away, or leaves him, after making an elaborate diagnosis, with some peppermint water, or some other equally futile prescription, which affords no relief either to his body or to his mind."

## CORRESPONDENCE.

### CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

**Letters by an Invalid Physician.**

LETTER VII.—GOING SOUTH, AND THE CLIMATE OF AIKEN, S. C.

ED. MED. AND SURG. REPORTER:—

The winter of 1875 and 1876, I passed in the Carolinas and Florida. After getting South of Richmond, one notices a diminution in the comforts of railway travel. Not only are the sleeping and parlor cars inferior to those in the North, but the road bed is ticklish, and the railway tracks undulate, like waves. The trains run slowly. I never passed over rougher railways than those between Richmond and Weldon, Greensboro and Columbia, and Savannah and Jacksonville. The average meal at the Southern railroad station is aptly described by Miss Phelps, in the *Atlantic Monthly*. "Everything tastes alike, and everything tastes fried." The two main lines to the Southern Seaboard States, diverge from Richmond. One goes down the coast, through Weldon, Wilmington, Charleston and Savannah; the other, via Piedmont, Greensboro, Charlotte, Columbia, and Augusta, to Savannah. An intermediate road through Raleigh is projected.

A medical friend advised me to try a hotel located at a station on the Weldon and Raleigh, railroad, about midway between these cities. The hotel prospectus said everything good of the climate, and that all kinds of game, from a rabbit to a deer, might be had for the hunting. I tried this hotel for a week, with the following result. It rained every day, and the rain fell upon a pasty clay, and lay in pools. The negroes had about cleaned out the game, with the exception of crow. Two hardy hunters, gunning on reserves, did bring home some dozen partridges after a hard day's work. The stairs of this hostelry ascended on the outside, from piazza to piazza. After hearing a darkey waittress, for six consecutive days, ask me at dinner if I would have "rost poke" (roast pork), and noticing that I did not thrive on this standard dish, I decamped. The scenery of the Carolinas is not enlivening, long stretches of pine forest, with an occasional turpentine factory, offering the only variety during long rides.

Raleigh, N. C., is a charming little city, and offers good food and accommodation. The Yarborough hotel is the finest in the place, its proprietor, Dr. Blacknall, being a graduate of the Medical Department of the University of Pennsylvania. As an intermediate climate, I think that of Raleigh one of the best. It is in the centre of North Carolina, on rising ground, is easy to reach and to leave; living is cheap and abundant, and *home* is not far off. In Columbia I found bad hotels and the remains of a pretty city. The only thing that seemed to flourish during my stay, was the negro legislature. Some consumptives winter in Columbia, and some are benefited, but I do not feel like recommending its climate. Moreover, Aiken is near, and it is decidedly the better place. Aiken is built on the water-shed between the Savannah and Edisto Rivers. It is one hundred and twenty miles from Charleston, and seventeen from Augusta, Georgia, both of which it is connected with by rail. The most desirable route for Northern travelers, is by steamer to Charleston, from New York or Philadelphia, and thence to Aiken by rail. The passage from New York to Charleston averages fifty-five hours.

The advantages of Aiken may thus be briefly enumerated. It contains the best hotel (Highland Park) and several of the best boarding houses in the South. Its markets are well supplied with fish and oysters from the seaboard, excellent beef from Tennessee, oranges from Florida, and groceries, etc., from the North. There are many pleasant walks and drives around the place, and the town is passably clean and pretty. Add to these good society, excellent drug stores, an efficient medical staff, and a porous soil which rapidly drains off the numerous rains, and we have exhausted the claims that Aiken can honestly put forth.

As is usual with "resorts," its physicians have issued a pamphlet, describing, in glowing terms, the advantages of its climate. I consider it part of my remaining mission in life, to annihilate some of these rose-colored publications, which have brought more disappointment than fulfillment to thousands of invalid visitors. From the pamphlet in question, we find that the merits of Aiken were first discovered by invalids from Charleston, South Carolina, and that the place was first introduced to the notice of Northern invalids about 1845. In the winter of 1871 and 1872, the number of visitors exceeded sixteen hundred, and they are yearly on the increase. The pamphlet then goes on to say that temperature, equability, dryness or humidity, elevation, prevailing winds, and purity of atmosphere, all have to do with our considerations of a place, when we contemplate sending a consumptive patient there. With all this we fully agree, but when it comes to constructing a crown out of the most favorable of these conditions, and placing it on the brow of Aiken, then we protest.

December, January, February, and March constitute about all the months that the climate of Aiken can claim any superiority over any other place. For a period of eleven years, 1860–1870 inclusive, the mean temperature for January was 47.05; February, 48.29; March, 53.29, and December, 45.62° Fahr. Leaving out the exceptionally high temperature in Jan-

uary, 1869, the mean average, for ten years, for this month is reduced to 45.15, and February and March each lose a degree by similar procedure. As far as average temperature alone, then, is concerned, Aiken shows what might be called a sample of good, intermediate climate; but when we come to the daily variations of temperature, then we have to stop and shake our head dubiously. The highest temperature at 2 P. M., for eleven years, 1860 to 1870 inclusive, averaged for December, January, February, and March respectively, 75, 77, 78, and 84°, Fahrenheit. The minimum temperature for the same months, taken at 7 A. M., or 9 P.M., averaged 10, 12, 15, and 23°, Fahrenheit, respectively. Here is a sufficiency of daily variation to please the most ardent lover of change—Fuller, for instance—but that it can be of any benefit to the invalid is at present beyond our ken.

The dryness of Aiken depends largely upon the direction of the wind. It has a large annual rain fall, the yearly average for a period of eleven years being about forty-seven inches. In the years 1862, 1863, 1864, 1865, 1867, and 1868 it was 55.39, 56.49, 51.38, 54.71, 56.34, and 50.55 inches respectively. About one-third the rain falls during December, January, February, and March. As before remarked, the soil is porous, the town situated on a ridge, and this large rain-fall speedily runs off. But when you get a temperature of 45° Fahr. and under, with the prevalence of a northeast or easterly wind, you will have in Aiken about as chilling, uncomfortable, and treacherous a climate as you would find at Norfolk or Charleston. That such winds do sometimes prevail I can bear testimony during my two months at Aiken, and I was there during a "crack" season, for rarely has either North or South experienced a more open winter than that of 1875–6. The prevailing winds, however, at Aiken, are from the southwest. These are fairly warm and dry, and to them Aiken is largely indebted for its climatic reputation. The claim that Aiken lays to elevation as a constituent good of its climate is without warrant. For a considerable distance back of Charleston the land is flat. Finally it commences a gradual ascent, which terminates on the ridge upon which Aiken is built. This ridge is only five or six hundred feet above sea level, a height entering into the mind of no writer who treats of elevation as a means of cure in consumption. Elevation in such cases means a mountain plateau or crest, and from fifteen hundred to five thousand feet are the figures aimed at. The plateau of the Adirondacks, the high lands of Colorado, Peru, and Algeria are elevated in the climatic sense of the word. Aiken's claim to elevation is like a comparison between the ordinary composition of a schoolboy and one of Macaulay's finished essays.

Finally, although its hotels and boarding houses are well built and widely separated, yet an immense number of invalids congregate in the place. When they are within doors on bad days and in the evenings, the air is none of the best.

It was my experience of Aiken, that consumptive invalids did well there for about a month or six weeks and then relapsed. It is a good place to send a man who contracts bronchitis or has symptoms of lung deposit coming on, late in the winter. March can be agreeably spent there. It is too hot for the majority of invalids to remain after middle April. They had better then commence a slow return North, reaching their respective destinations in latter May. December and part of January in Aiken, the remainder of January and February in Florida, and return to Aiken for March, is a better general programme for the invalid than continuous residence for the winter in either one or the other of these places.

An invalid coming north from Aiken, may halt at Augusta, Columbia, Charlotte, Greensboro, Raleigh, Richmond, and Washington. May is a delightful month in the National Capitol. Or, from Augusta one may go to Atlanta, and make a delightful detour by Chattanooga. It would hardly be wise to go from Aiken to Charleston, and come directly to Philadelphia or New York by steamer.

"We too often see our Northern friends, after improving during the winter, and attaining a certain degree of health, return home for the summer. The next winter they come back to us a little lower in health than when they first came. This process is repeated several times, and then we either hear of them no more, or that we will not see them again, thus proving that a Northern summer does not possess the virtues of a Southern climate."

This paragraph is quoted from our Aiken pamphlet. I do not believe one Northern consumptive in ten thousand would be benefited by remaining in Aiken during the hot summer months. It might be otherwise with patients from the same malady, born and bred in the South. A hardy, northern workingman, who had been employed in Aiken during the summer, told me that all he could do from 10 A. M. until 4 P. M., was to breathe. The heat made work impossible.

*Adirondack Mountains, December 7th*, 1876.

---

### Pyemia.

ED. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER for Nov. 25th and Dec. 9th, two cases of purulent pleuritis are reported, in which, it seems to me, the medical attendants were over careful. They used an aspirator and resorted to various means, especially Dr. Cuyler, to prevent air from entering the pleural cavity. He also quotes Dr. Hill as saying there is no danger from hemorrhage.

Now, to my case. March 4th, 1873, was called to see John Wall, farmer, aged 33. Had been sick ten days under the care of an eclectic know-nothing, who said he had the distemper. There was effusion over almost the

entire right lung; great oppression in breathing, and a troublesome cough. On the 15th there was a slight bulging between the second and third ribs, and on the 16th he was expectorating pus; I lanced the point between the second and third ribs, when five pints of pus was discharged. I inserted a tent, and ordered it removed twice a day, so as to empty out the pus. On the 20th there was a softened tumor above the clavicle; I lanced it and found it contained pus; inserted a tent, and it discharged for near two weeks. I was planning to inject the cavity, when on the 25th there appeared a slight bulging just in front of the joint of the shoulder blade between the sixth and seventh ribs. I had had such good success in finding pus, that I boldly stuck a thumb lance into it one-half inch and found no pus, but found blood, and plenty of it. You can imagine my feelings, nine miles from home, snowing and blowing, and all the astringents I had with me were pocket case vials full of tannin and acetate of lead. I used these, with snow, cobwebs, puff balls, and part of a side of sole leather scraped and held by my hands against the wound, to keep up firm and steady pressure, when in about four hours I was successful in controlling the hemorrhage (catch me do the like again without a full line of hemostatics at hand). I directed a poultice to be applied next day. The second day pus commenced to be discharged freely. There were now a couple of days that the three openings discharged; then the upper opening healed first. In two weeks the first opening healed up, and in five weeks from the first lancing all discharge ceased. The man now lives in Cedar Rapids, Iowa, a strong robust fellow. H. W. Sigworth, M. D.

*Waubeek, Linn Co., Iowa, Dec., 29th, 1876.*

---

### Hospital and Private Practice.

Ed. Med. and Surg. Reporter:—

It is a great misfortune that nearly all the maxims of our profession, and the rules of treatment, so far as we have rules, are deductions and generalizations from observations made in large Metropolitan Hospitals Now the large cities embrace but a small portion of the inhabitants of our country, and the patients who are taken to large hospitals for treatment comprise but a small portion of these. They come generally from the slums and dirty alleys of a large city, poorly clad, poorly fed, poorly lodged, in badly ventilated houses. As a consequence both the muscular and nerve fibre are at the minimum of volume and contractile power. It would not be at all surprising if a large proportion of such patients admitted to a hospital would do well under a tonic or even a vigorous stimulating treatment, as to food and medication.

In the rural districts we have a population for the most part differing widely from those who find their way into large city hospitals. They are well fed, well clad, well housed, and for the most part are engaged in healthful labor in the open air. What folly to suppose that the same type of disease developed under such diverse circumstances should be subejcted to the same rules of treatment.

The foregoing has been suggested by a somewhat careful reading of Juergensen's contribution to Ziemssen's Cyclopedia on Pneumonia. I was much pleased with what he says on page 18 as to the fallacy of hospital reports, but unfortunately (like the old elder's text), it was heard of no more after its announcement. It may be that his cases were properly treated, notwithstanding his report shows a frightful mortality; but what I specially object to is the framing from such data, and German metaphysics, a set of rules for the treatment of pneumonia. A man may state a particular case of pneumonia and truly say that the physician who would bleed it is an ignoramus, and yet to say that phlebotomy is never proper in pneumonia displays just as much want of intelligence as he who says it should be used in every case.

Juergensen's sneer at the "antiphlogistic treatment," so called, is ill timed and in bad taste. Bloodletting and mercury will be used in the treatment of pneumonia long after Juergensen and his ephemeral writings have been forgotten. It is to be hoped that there will be a rational use made of venesection, and that it will take its proper place and stay there for all time.

Now, Mr. Editor, I am an old subscriber and a close reader of your excellent journal, and would respectfully suggest that the writer of case 3 on page 531 in your last number (Dec. 23), should investigate the subject of phlebotomy. I have been looking long and anxiously for an extended review of Juergensen's article on pneumonia, but so far nothing has appeared worthy the name. S. M. Hamilton, M. D.

*Monmouth, Warren Co., Illinois.*

---

### Chlorate of Potash and Mercurials.

Ed. Med. and Surg. Reporter:—

I notice Dr. J. L. Morrow, of Pittsburg, Pa., asks for information with reference to the use of chlorate of potash with mercurials. Twenty years ago I noticed that bicarbonate of soda combined with calomel and other mercurials prevented salivation; also in a severe case of salivation, if the soda was freely given it quickly cured it. If in a given case I desired to slightly touch the "gums," as we used to call it, as soon as accomplished, I gave soda freely, and three or four days would suffice to remove all trace of mercurial odor.

In after years when chlorate of potash came into general use, my experience satisfied me that it was equally as efficacious as the soda in preventing salivation and also in curing it.

I have been practicing medicine over thirty years, and am now and have been using mercurials as freely as when I commenced, and have never had a severe case of salivation since combining soda or chlorate of potash with them.

It would appear that the alkali and mercurial were incompatible, but facts in medicine are stubborn things. C. V. MOORE, M. D.
*Stillwater, N. Y.*

## News and Miscellany.

### Corrections.

The omission of the little word "not," in our last number, p. 22, col. 1, line 23, made us give this city a bad name for diphtheria. The context, however, suggests the correction.

### A Singular Case.

The San Francisco *Chronicle*, of recent date, details the following curious case:—

"The post-mortem examination held on the body of the Chinaman lately shot by three assassins furnished a case of extraordinary interest to surgical men, and one which will undoubtedly receive more than usual attention from surgical journals. One of the three shots which entered the body struck the back near the waist, and passed completely through the body. At the autopsy it was discovered that the ball had cut the spinal cord in twain, and a particle of the clothing of the murdered Chinaman was found imbedded in the spinal cord. It has long been established that whenever the spinal cord is harmed in the slightest degree paralysis ensues, but singularly enough, the wounded Chinaman, within a few days after he was shot, was walking around the prison hospital without the slightest difficulty. He was removed from the hospital by his friends, however, and died on the following day."

### Personal.

—Dr. Joseph Carson, an eminent physician of this city, died Dec. 30th, aged sixty-eight years. He was for many years the Professor of Materia Medica in the University of Pennsylvania, which position he resigned last spring in consequence of impaired health. For many years he was Vice-president of the Pennsylvania Historical Society, and was identified with many scientific associations. He was a man of great mental and pleasing social qualities, and was highly respected.

—We have to announce the election of Dr. J. T. Rothrock to the chair of Professor of Botany in the Auxiliary Faculty of Medicine of the University of Pennsylvania, the vacancy occurring by the election of Dr. H. T. Wood to the chair of Materia Medica. The selection of Dr. Rothrock will commend itself to every student of botany in the United States, as there is probably not a man of his years who has done so much for that science, nor one better able to impart to others the enthusiasm he himself feels in its pursuit.

—Among those killed at the frightful railroad accident, at Ashtabula, Ohio, was Dr. A. W. Hopkins, Hartford Four Corners, Vermont.

—Mr. William Harvey, an eminent London surgeon, died last month, aged seventy years. He was a prolific writer on medical subjects. It was he who first suggested to Mr. Banting what has since been so widely known as the "Banting System" of reducing obesity.

### Items.

—The total mortality of Providence, R. I., for the year 1876, was 1862. We find, therefore, that the rate for the year 1876, with a population of 101,500 in the middle of the year, was only one death in 54.5, or 18.3 in each 1000 of the population.

—Dr. John Hamilton, of Oxford street, London, was recently charged, by the Medical Defence Association, with having unlawfully practiced as a doctor of medicine, his diploma being American, and consequently useless in England. The magistrate, after consideration, thought differently, and dismissed the charge.

—Cremation grows in favor slowly but surely. A citizen of Wheeling, has just ordered, in his will, that his body shall be sent to Washington, Pa., and burned, as was that of Baron Von Palm. We also hear of similar arrangements in other directions.

## QUERIES AND REPLIES.

### Chronic Diarrhœa.

Dr. J. B. Garrison, of Arkansas, writes:—
I would suggest a *milk diet* and the following,

| | |
|---|---|
| R. Potassæ chloratis pulv., | drachm ij |
| Zinci sulph., | gr. xvj |
| Acid. carbolic. crys., | drachm j |
| Glycerini pur., | ounce j |
| Aq. camphoræ, | ounce ij |
| Aq. fontis, | ounce xij. M. |

For one enema.

Sig.—To be used night and morning, for one week; then omit all medication for a week, at the expiration of which time repeat, if necessary, and every alternate week, until a cure is effected.

*Dr. J. H., of Ohio.*—For Crede's method of managing the placenta, see the REPORTER, Vol. xxx, p. 442.

*Dr. Q., of Iowa.*—In case of an injury to a joint, or near it, whether the physician gives timely notice of possible anchylosis or not, should that result supervene, he cannot be held liable, provided he can show that he has used due diligence, and that the treatment has been that of an intelligent surgeon.

*Dr. S. K., of Iowa.*—In reply to your inquiry about the morphine habit, see the last number of the REPORTER, p. 17.

## DEATHS.

JONES.—At Wixom, Oakland Co., Michigan, October 27th, 1876, Emma L., wife of Dr. S. L. Jones, in her thirty-sixth year.

RUBEY.—At Union City, Indiana, December 17th, 1876, Dr. James Rubey, in the seventieth year of his age.